

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069988

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		31				
5	1					
6		1				
7		1				
8		31				
9	1					
10		1				
11		1				
12		31				
13		31				
14		31				
15		31				
16		31				
17		31				
18		31				
19		31				
20		1				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	26					
TOTAL CLAIMS	31					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						